	PATENT	APPLICATION Effective	ON FEE C dive Octo			ION RECO	ORO	)	10/6	56	219		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I		OR		THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 395.00	OR	BASIC FEE	790.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			× 25		OR	x-50		
INDEPENDENT CLAIMS			aninus 3 =		•			×100		OR	×200		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT							OR		<del></del>	
* If the difference in column 1 is less than zero, enter *0* in column 2								#180 TOTAL	-	OR	+360 TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E													
AMENDMENTA	11805	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	. 21	Minus	- 21	0	- ]		× 25	25	ОЯ	×50.	<u>(</u> ት	
	Independent	· 3	Minus				·	×100		OR	x200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM							+180		OR	+360		
6)	19 (						1	TOTAL ADDIT, FEE	25	OR	TOTAL	30	
G		(Column 1)		(Colum		(Column 3)							
MT 8		REMAINING AFTER		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ANCENDE	Total 121 A		Minus					× 25	7	OR	x50	$\sim$	
	independal	<del></del>	Minus	ENDENT	C) Alt.4			x 100	5	OR	X200	$\sum_{}$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							+/80	5	OR	+360	(	
						•	,	TOTAL UDIT, FEE		OR ,	TOTAL ADDIT. FEE		
WE L		CLANAS REMAINING AFTER AMENDMENT		HIGHE HUME PREVIOU PAID F	er JSLY	PRESENT EXTRA		RATE	ADUI- TIONAL FEE		RATE	ADDA TIONAL FEE	
	Total	•	Minus	**		£ ' :		×25		ОЯ	×50	•	
	Independent	•	Minus	. ***	·	<del>.</del>		× 100		OR	×200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 180		OR	+360		
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OB.	TOTAL		
***	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "0." ADDIT. FEE  The "Highest Number Previously Paid For (Total or independent) is the highest norm; er found in the appropriate box in option 1												

FORM PTO-FTS PIN-1504 ...